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PUBLIC HEALTH REPORTS

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SICKNESS FREQUENCY AMONG INDUSTRIAL EMPLOYEES.

MORBIDITY AMONG A GROUP OF WAGE EARNERS DURING 1920.[1]

In previous issues, statistics of disease incidence among a group of wage earners during the first nine months of 1920 have been presented.[2] In the tabulation accompanying this note, similar statistics are given for the entire year. The figures have been supplied by sick-benefit associations of the employees of certain industrial establishments cooperating with the Public Health Service by reporting currently the cases of sickness and nonindustrial accidents for which sick benefits are paid.

As in previous instances, the tabulation includes only those cases which caused disability for *one week or longer*, and hence only the more serious cases are considered. As soon as a sufficient number of benefit associations having waiting periods of one, two, three, or four days are cooperating, it will be possible to study also cases of illness of shorter duration. Another qualification to be kept in mind in analyzing these data is that a large proportion of the reporting associations specify definite age limits for eligibility to membership and some of them impose other restrictions which prevent the statistics from being entirely comparable with those secured from other sources.

Morbidity records for these associations for the entire year of 1920 have not been available for publication prior to this time. Accurate sickness rates are dependent upon the inclusion of all cases lasting longer than the waiting period specified. On account of the failure of some employees to put in their claims for benefits promptly, and on account of the unsettled status of certain other cases, computation of the rates for the final months of the year has not previously been possible.

The correct diagnosis is probably not always reported. However, since practically all of the reporting associations require a physician's certificate naming the ailment causing disability, it is believed that the diagnoses are sufficiently accurate to give a fairly good picture of serious morbidity among a certain group of working people. As it was desirable to group related diseases for the purpose of facilitating study, the classification used in the International List of Causes of Death was adopted, in accordance with the recommendation of a committee of the American Public Health Association.

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[1] From the Statistical Office, United States Public Health Service. Data collected and tabulated under the supervision of Dean K. Brundage.

[2] "Sickness Frequency Among Industrial Employees," Reprint No. 624 from the Public Health Reports, Dec. 3, 1920 pp. 2897-2907, and "Sickness Frequency Among Industrial Employees," Reprint No. 644 from the Public Health Reports, Mar. 4, 1921, pp. 429-434.

The frequency rates of the more prevalent diseases lasting one week or longer are presented in the accompanying table according to the month in which the disability began. The rates are placed on an annual basis—i. e., the rate for any month represents what the total sickness from any specified cause would have been for the whole year had the rate for that month been maintained throughout the year. The number of persons on which the exposure is based is given at the close of the table. It will be noted that the number varies considerably in the different months.

Annual number of cases of sickness and nonindustrial accident cases causing absence from work for one week or longer per 1,000 persons per year among the membership of certain sick-benefit associations reporting to the Public Health Service: By disease causing disability, according to month of onset, January to December, 1920.

Disease or condition causing disability. (With corresponding title numbers in parentheses from the International List of the Causes of Death.)	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
All diseases and conditions[1]	**275.0**	**326.7**	**126.0**	**103.9**	**76.7**	**67.3**	**67.1**	**60.1**	**56.2**	**84.4**	**88.2**	**109.0**
General diseases (1-59)	**163.7**	**218.9**	**54.2**	**30.1**	**16.8**	**18.0**	**9.7**	**11.4**	**10.7**	**19.3**	**22.5**	**35.0**
Typhoid fever (1)	1.7		.5	.5	.4		.4	.6		.8	.4	.2
Influenza and grippe (10)	142.9	201.4	37.1	13.2	4.6	2.3	.8	1.2	2.0	7.7	9.3	17.7
Tuberculosis of the lungs (28)	2.5	1.1	3.0	.9	.9	2.3	1.4	1.4	1.8	3.0	3.0	2.0
Cancer (all forms) (39-46)		1.1	.5	.9	.7		.6	.8	.6	.4	.4	.4
Rheumatism (47, 48)	6.6	6.8	5.5	8.0	5.0	6.7	3.0	3.4	3.6	3.4	4.8	7.7
Occupational poisonings (57, 58)						.2		.2				
Others (2-9, 11-27, 29-38, 49-56, 59)	10.0	8.5	7.5	6.6	5.2	6.5	3.4	3.8	2.6	4.1	4.7	7.1
Diseases of the nervous system (60-76)[2]	**7.5**	**8.5**	**8.0**	**8.0**	**5.9**	**5.0**	**3.8**	**4.0**	**4.3**	**5.1**	**5.6**	**6.2**
Insanity (67, 68)	.8	1.1	1.5	.5	.2	.2		.6	.4		.2	.2
Neuralgia and neuritis (73)	4.2	2.8	2.0	.5	1.7	.8	1.4	1.2	.6	1.8	2.6	2.6
Others (60-66, 69, 70, 72, 74)	2.5	2.3	3.5	4.7	1.7	2.5	1.8	1.6	2.2	2.4	1.3	2.5
Diseases of the eyes (75)		.6		1.9	1.5	1.1	.4	.6	1.0	.8	1.3	.7
Diseases of the ears (76)		1.7	1.0	.5	.7	.4	.2			.2	.2	.2
Diseases of the circulatory system (77-85)	**2.5**	**5.1**	**4.5**	**3.3**	**4.8**	**3.0**	**4.0**	**2.0**	**1.8**	**3.5**	**2.8**	**4.7**
Diseases of the heart (77-80)	1.7	2.3	1.0	1.4	1.7	1.1	2.2	1.0	.8	1.4	.6	1.6
Diseases of the veins (83)	.8	2.3	2.5	1.4	1.7	1.5	1.4	.6	.8	1.4	1.1	2.2
Others (81, 82, 84, 85)		.6	1.0	.5	1.3	.4	.4	.4	.2	.8	1.1	.9
Diseases of the respiratory system (86-98)	**49.9**	**40.8**	**21.1**	**19.4**	**16.8**	**9.3**	**8.1**	**10.2**	**8.1**	**13.6**	**15.8**	**17.7**
Bronchitis (89, 90)	21.6	19.3	12.0	8.5	6.3	3.2	3.8	3.8	4.1	4.9	6.7	6.0
Pneumonia (all forms) (91, 92)	15.8	12.5	2.5	4.7	5.0	1.9	1.6	2.0	1.6	2.8	2.4	4.7
Others (86-88, 93-98)	12.5	9.1	6.5	6.1	5.5	4.2	2.6	4.4	2.4	5.9	6.7	6.9
Diseases of the digestive system (99-118)	**24.1**	**22.7**	**24.1**	**15.7**	**15.3**	**14.1**	**15.0**	**15.8**	**13.8**	**20.1**	**21.4**	**24.6**
Diseases of the pharynx (100)	15.0	12.5	10.0	7.1	5.5	4.0	3.4	3.6	4.1	7.5	8.2	11.7
Diseases of the stomach (102, 103)	4.2	5.1	5.5	3.8	3.1	2.9	4.5	4.4	4.9	4.7	5.2	4.0
Diarrhea and enteritis (105)	1.7	1.1	2.0			1.3	.8	2.4	.2	2.6	1.3	1.1
Appendicitis (108)	3.3	2.3	2.5	1.9	2.8	2.5	3.4	3.2	1.8	2.6	3.9	4.2
Hernia (109)		1.1	1.0	2.4	2.4	2.1	.8	1.2	1.2	1.2	.7	2.4
Others (99, 101, 106, 107, 110-118)		.6	3.0	.5	1.5	1.3	2.0	1.0	1.6	1.6	2.1	1.3
Nonvenereal diseases of the genito-urinary system and annexia (119-133)	**2.5**	**3.4**	**.5**	**1.4**	**1.7**	**1.0**	**1.4**	**1.0**	**1.2**	**3.2**	**3.9**	**2.4**
Acute nephritis and Bright's disease (119, 120)	2.5	.6				.6				.6	.9	
Others (121-133)		2.8	.5	1.4	1.7	.4	1.4	1.0	1.2	2.6	3.0	2.4
The puerperal state (134)												**.2**
Diseases of the skin and cellular tissue (142-145)	**5.8**	**7.4**	**2.5**	**5.2**	**2.2**	**2.8**	**4.9**	**3.3**	**3.8**	**4.7**	**3.4**	**3.8**
Furuncle (143)	3.3	3.4	1.5	3.8	.7	1.3	2.6	1.0	1.2	1.8	1.1	1.5
Others (142, 144, 145)	2.5	4.0	1.0	1.4	1.5	1.5	2.2	2.2	2.6	3.0	2.2	2.4

[1] Except the venereal diseases.

[2] Including organs of special sense (eyes, ears).

Annual number of cases of sickness and nonindustrial accident cases causing absence from work for one week or longer per 1,000 persons per year among the membership of certain sick-benefit associations reporting to the Public Health Service: By disease causing disability, according to month of onset, January to December, 1920—Continued.

Disease or condition causing disability. (With corresponding title numbers in parentheses from the International List of the Causes of Death.)	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.
Diseases of the bones and of the organs of locomotion (146-149)	4.1	1.7	3.0	2.4	3.8	1.7	2.4	2.4	1.8	3.5	3.2	2.9
Diseases of the bones and of the joints (146, 147)	.8	.6	1.5	1.0	1.8	.4	1.0	.6	.8	1.2	.9	.4
Others, including lumbago (148, 149)	3.3	1.1	1.5	1.4	2.0	1.3	1.4	1.8	1.0	2.4	2.2	2.6
Senility (154)												
External causes (155-186)	3.3	10.8	2.5	13.2	6.1	7.6	12.1	6.2	7.9	7.7	6.3	8.9
Ill-defined diseases and conditions (187-189)	11.6	7.4	5.6	5.2	3.3	4.8	5.7	3.8	2.8	3.7	3.4	2.6
Number of persons included	14,208	22,249	23,527	25,832	54,044	58,036	58,385	58,969	60,264	59,998	65,558	64,803

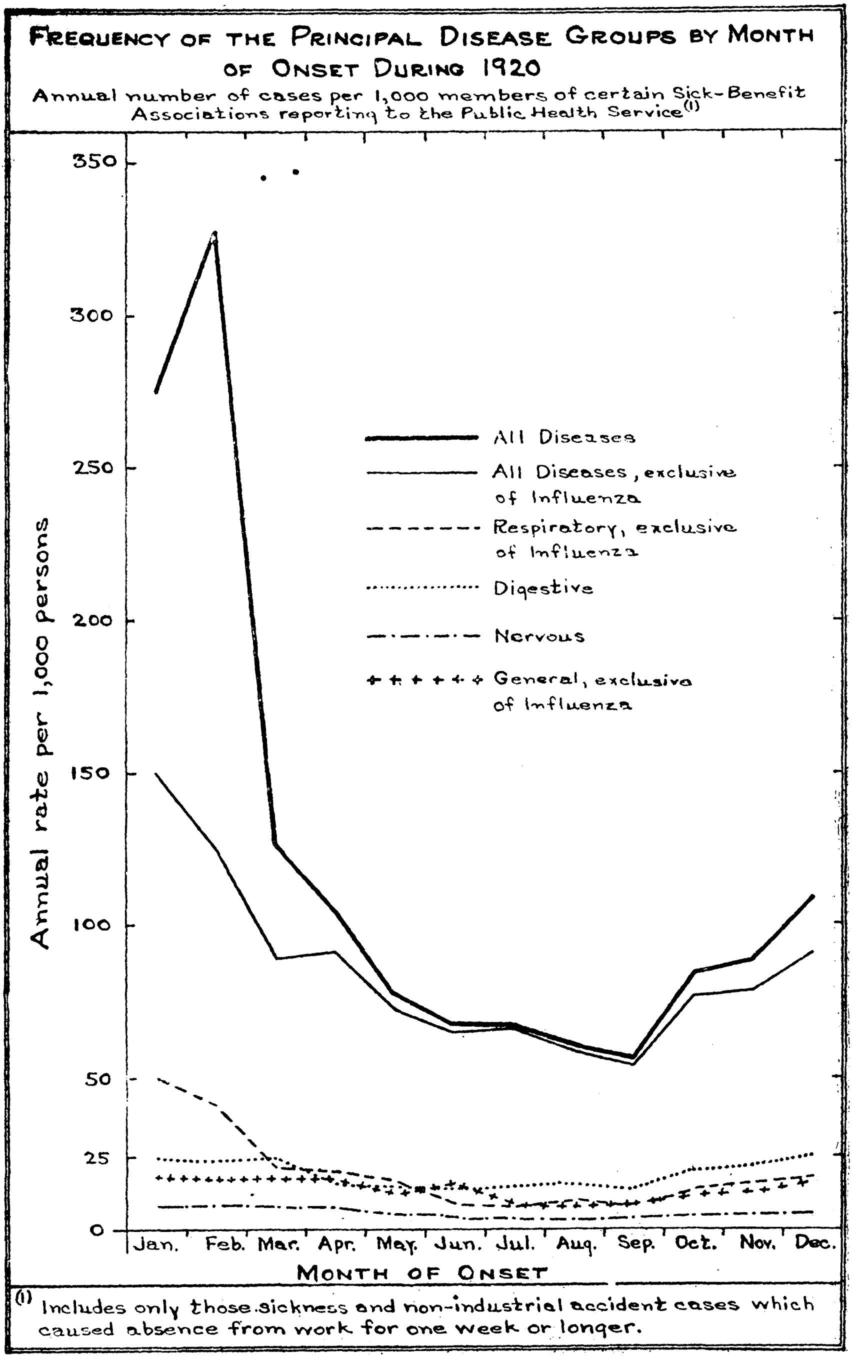
FREQUENCY OF THE PRINCIPAL DISEASE GROUPS BY MONTH OF ONSET DURING 1920
Annual number of cases per 1,000 members of certain Sick-Benefit Associations reporting to the Public Health Service(1)
Annual rate per 1,000 persons
350
300
250
200
150
100
50
25
0
All Diseases
All Diseases, exclusive of Influenza
Respiratory, exclusive of Influenza
Digestive
Nervous
General, exclusive of Influenza
Jan.
Feb.
Mar.
Apr.
May.
Jun.
Jul.
Aug.
Sep.
Oct.
Nov.
Dec.
MONTH OF ONSET
(1) Includes only those sickness and non-industrial accident cases which caused absence from work for one week or longer.

FIG. 1.

It will be noticed that occupational poisonings are almost entirely absent from this table as a cause of disability, probably for the reasons that the duration of the disability caused thereby is short and that diagnoses are faulty.

In the accompanying graph the rates are plotted for all diseases, for all diseases exclusive of influenza, for diseases of the digestive system, for diseases of the nevous system, and for general diseases exclusive of influenza. The curves reflect clearly the epidemic of influenza occurring in the spring of 1920. The rise in the autumn, however, probably is representative of the normal prevalence of influenza at this season. One of the striking facts to be noted in this graph is the tendency for disability from all causes, after taking out influenza, and for illness due to diseases of the respiratory system, to be relatively high during the influenza epidemic.

Acknowledgments are made to the executives and medical officers and to officers of sick-benefit associations of employees in the various industrial establishments cooperating with the Public Health Service in the reporting of morbidity incidence.

THE STANDARD TREATMENT FOR MALARIA.

By C. C. BASS, M. D., Tulane University Medical College; Chairman, subcommittee on medical research of the National Malaria Committee.

The United States Public Health Service, the State boards of health, and other health agencies are taking advantage of the cure of malaria carriers as a factor in malaria control operations and are urging the physicians of the country to cooperate by treating all of their malaria cases so as to cure the infection as well as relieve the clinical symptoms. If all the physicians of the country would cure the infection in all the cases they treat, it would greatly reduce malaria prevalence and transmission.

The Standard Quinine Treatment recommended by the National Malaria Committee and approved by the United States Public Health Service is a most effective and practical method of treatment for this purpose. It is as follows:

"For the acute attack, 10 grains of quinine sulphate by mouth three times a day for a period of at least three or four days, to be followed by 10 grains every night before retiring for a period of eight weeks. For infected persons not having acute symptoms at the time, only the eight weeks' treatment is required.

"The proportionate doses for children are: Under 1 year, one half grain; 1 year, 1 grain; 2 years, 2 grains; 3 and 4 years, 3 grains; 5, 6, and 7 years, 4 grains; 8, 9, and 10 years, 6 grains; 11, 12, 13, and 14 years, 8 grains; 15 years or older, 10 grains.